

Microchip number: \_\_\_

## PET OWNER STATEMENT

Estimated Date of Arrival:\_\_\_\_

SECTION 1	<b>PRIMARY OWNER INFORMATION</b> - Person whose name appears on the Shipmaster's Declaration (form use airlines or other transportation provider during transport of your pet) and is authorized to make decisions regardin health and care of the pet. The name listed below should be the same as the name on the Shipmaster's Declaration											
	1Last N			st Name		M. I.						
			I.D Exp. Date		Date of Bir	th/_	/					
		Security No./ID										
	2. Residence Addre	ess:					-					
			City	Sta	ite	ZIP Code						
			Island		Country		-					
	Telephone:	Business (	)	Home (	)		_					
	Is your residence	permanent?	Yes □ No									
	3. Mailing Address:											
			City	s	tate	ZIP Code						
			Island		Country		-					
	4. Owner Group:	□ <b>C</b> -Civilian	□ <b>A</b> -Army	□ <b>N</b> -Navy	For military pe	rsonnel:						
					• •							
		☐ <b>M</b> -Marines	☐ <b>G</b> -Coast Guard	☐ <b>F</b> -Air Force	Grade:	Rank:						
ECTION 2	the health and care of Must be 18 years of a	of person(s) in priorit of your pet and to act age or older.	ry order (other than prir t in the owner's behalf,	mary owner) who h having the same o	nave authorization	on to make dec onsiblities as th						
ECTION 2	the health and care of Must be 18 years of a a.	of person(s) in priorit of your pet and to act age or older.	ty order (other than print in the owner's behalf,	mary owner) who h having the same o	nave authorization duties and response	on to make deconsiblities as th						
ECTION 2	the health and care of Must be 18 years of a a.  Last Name  Telephone: E	of person(s) in priorit of your pet and to act age or older.	ty order (other than print in the owner's behalf,	mary owner) who h having the same o	nave authorization	on to make deconsiblities as th						
ECTION 2	the health and care of Must be 18 years of a a.  Last Name  Telephone: E	of person(s) in priorit of your pet and to act age or older.	ty order (other than print in the owner's behalf,	mary owner) who h having the same o	nave authorization duties and response	on to make dec onsiblities as th						
ECTION 2	the health and care of Must be 18 years of a a.  a	of person(s) in priorit of your pet and to act age or older.  Business ()	ey order (other than print in the owner's behalf,  First	mary owner) who he having the same of the	save authorization	on to make deconsiblities as the						
ECTION 2	the health and care of Must be 18 years of a a.  a	of person(s) in priorit of your pet and to act age or older.  Business ()	ty order (other than print in the owner's behalf,	mary owner) who he having the same of the	ave authorization	on to make deconsiblities as the						
ECTION 2	the health and care of Must be 18 years of a a.  a.  Telephone: E  b.  Last Name  Telephone: E	of person(s) in priorit of your pet and to act age or older.  Business ()	ey order (other than print in the owner's behalf,  First  First	mary owner) who he having the same of the	save authorization	on to make deconsiblities as the						
ECTION 2	the health and care of Must be 18 years of a a.  a.  Telephone: E  b.  Last Name  Telephone: E  C.  Last Name	of person(s) in priorit of your pet and to act age or older.  Business ()  Business ()	ey order (other than print in the owner's behalf,  First  First	mary owner) who he having the same of the	Social Secu	on to make deconsiblities as the rity No./ID						
ECTION 2	the health and care of Must be 18 years of a a.  a	of person(s) in priorit of your pet and to act age or older.  Business ()  Business ()	ry order (other than print in the owner's behalf,  First  First	mary owner) who he having the same of the	Social Secu	on to make deconsiblities as the rity No./ID						
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SECTION 3	3 AUTHORIZED VISITORS - Person(s) you allow to visit your pet but do not have authority to act in your behalf. Must be 1 years of age or older to be an authorized visitor. (Minors allowed to visit while accompanied by owner or authorized visitor									
	-	Last Name		First Name		M.I.	Social Security No./ID	101. )		
	2.									
	3.									
	4.						_			
SECTION 4	PE	Γ INFORMATION								
	1.	Name of Pet:								
		Species:	□ <b>D</b> -Dog	□ <b>C</b> -Cat	☐ <b>O</b> -Other					
	3.	Sex:	☐ <b>M</b> -Male	□ <b>F</b> -Female			Neutered: ☐ Yes ☐ No			
	4.	Breed:		_ (Refer to Bree						
	5.	Color (up to 3):	1)	2)		3)	(Refer to Color Code list)			
	6.									
	7.	Physical Charact	teristics (Physi	cal blemishes, s	cars or distingu	ishing mark	s):			
	8.	Are there any spe	ecial medicatio	n/major medical	problems?			_		
	9.	Special Diet: (If a	Special Diet: (If any, owner needs to provide)							
SECTION 5	whi	ch animal hospita	l you wish you	pet to attend. F	Refer to List of A	Approved An	et requires hospitalization, please ind imal Clinics. <b>Owner must register pet</b> al will not accept unregistered pets.)			
Department registration of quarantine, quarantine per the animal, and safety of forfeiture of silability on the	of Agfee, Serious any af the said	griculture, the under \$10.00 health rec 250.00 30-day que dalso to be payed dditional owner al animal. The under animal to the State art of the State. It is and certify the a	ersigned does lord fee, \$145. alification and at the time the pproved servicersigned furthee of Hawaii for FEES ARE SU	nereby agree and 00 overhead ex testing fee will animal enters ques and for servior agrees that fai disposal by mea BJECT TO CHA	d covenant to popense fee, and be assessed fuarantine. The ces deemed nealure to pay said ans at the discr	ay to the Dep the \$7.50 cor owners a undersigned cessary by the services within etion of the	provision of Administrative Rule 4-29 of artment of Agriculture the prescribed \$2 aily fee in full at the time the animal extempting to qualify their pet for the 30 further agrees to pay, prior to the release the station veterinarian to ensure the higher time limit set forth above shall consistent, without any further notice and without any further notice.	25.00 nters 0-day ase of ealth titute		
		Authorized AQB Em	nployee or Notar	y Public			Date			